DATE:

## PETITION TO CHANGE ZONING

Plan Commission Docket No.:	
Name of Applicant: Address: Phone No.:	
Name of Representative: Address: Phone No.:	
Name of Property Owner*:	
Premises Affected:	
Metes and Bounds Description:	
Plot Size:	Fronting On:
Nature and Size of Improvement Now Existi	ing on Plot:
Present Zoning:	
Requested Zoning:	
The above information, to my knowledge an	d belief, is true and correct:
State of Indiana ) ) SS: County of Hamilton )	
Subscribed and Sworn to before me, State, this day of	a Notary Public in and for said County and
My Commission Expires:	
	Notary Public

\*If the petitioner is not the property owner, a letter of consent from the property owner must accompany this document